

Maine Workers' Compensation Self-Audit Checklist

Claim # _____

YES NO

First Report of Injury

One or more lost workdays?

- If yes, was the First Report of Injury (WCB-1) sent to the WCB within 7 days of employer notice?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Duration of Incapacity

Length of disability 7 days or less?

- If yes, was the corrected First Report of Injury (WCB-1) sent to the WCB with the Return to Work date? (RTW ___/___/___)

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Length of disability more than 7 days?

- If yes, was a MOP (WCB-3) or NOC (WCB-9) filed within 14 days of employer notice?
 - If a NOC (WCB-9) was not filed within 14 days of employer notice, was a Mandatory MOP (WCB-3) filed?
- If a Board decree ordered payment of compensation, was a MOP (WCB-3) filed?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Wage Information

- Do we have a Wage Statement (WCB-2)?
 - Has the Wage Statement been filed with the WCB?
 - Was the Wage Statement filed within 30 days of employer notice of a claim for incapacity benefits (even if the claim was controverted)?
 - Does the Wage Statement clearly reflect the correct average weekly wage (AWW)?
- Do we have a Schedule of Dependents and Filing Status Statement (WCB-2A)?
 - Has the WCB-2A been filed with the WCB?
 - Was the WCB-2A filed within 30 days of employer notice of a claim for incapacity benefits?
 - Does the WCB-2A accurately reflect the claimant's filing status and number of dependents?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Memorandum of Payment

- Have all sections of the form been completed?
- Does Box 24 accurately reflect the date the first indemnity payment was sent to the claimant for the incapacity reported in Box 23?
- If a provisional MOP (WCB-3) was filed initially, have we filed an amended MOP (WCB-3) or Modification (WCB-4) to establish the correct average weekly wage and rate?
- Does Box 28 accurately reflect the first date of incapacity *after* the 7-day wait has been met?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Indemnity Payments

- Was the first indemnity payment issued and sent to the claimant within 14 days of employer notice?
- Was the first indemnity payment issued and sent to the claimant within 44 days of employer notice?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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Indemnity Payments (Continued)

YES **NO**

- Have all subsequent indemnity payments been made weekly? ☐ ☐
 - If no, how many were made within 7 days of the previous indemnity payment? _____
 - How many were made 8 to 14 days after the previous indemnity payment? _____
 - How many were made 15 to 37 days after the previous indemnity payment? _____
 - How many were made later than 37 days after the previous indemnity payment? _____

Reduction or Discontinuance of Indemnity Benefits

Return to Work

- If claimant returned to work part-time for the same employer, has a Modification (WCB-4) been filed? ☐ ☐
- If changes in the compensation rate have occurred since the previous MOP (WCB-3) or Modification (WCB-4) was filed, has a Modification (WCB-4) been filed? ☐ ☐

Has employee resumed full wages working for the same employer?

- If yes, has a Discontinuance (WCB-4) been filed? ☐ ☐

Have the claimant's benefits been discontinued or reduced by a Board decree?

- If yes, has a Discontinuance or Modification (WCB-4) been filed? ☐ ☐

Have the claimant's benefits been discontinued or reduced because of an agreement between the parties?

- If yes, has a Consent Between Employer and Employee (WCB-4A) been filed? ☐ ☐
- Has the Consent form been signed by both parties? ☐ ☐

Have the employee's benefits been discontinued or reduced for any other reason?

- If yes, has a 21-Day Certificate (WCB-8) been filed? ☐ ☐
- Were benefits discontinued or reduced no earlier than 21 days after the form was mailed to the claimant? ☐ ☐
- Were benefits paid through the effective date of the discontinuance or reduction? ☐ ☐

Statements of Compensation Paid

Has it been 195 days since the date of injury?

- If yes, has the Statement of Compensation (WCB-11) been filed? ☐ ☐
** *Interims must be filed within 195 days after the date of injury.*

Has it been one year or more since the date of the injury?

- If yes, are payments of any type expected to continue? ☐ ☐
 - If yes, has an Interim Statement of Compensation (WCB-11) been filed? ☐ ☐
***Subsequent Interims must be filed annually within 15 days of the anniversary date of injury if payments of any type are expected to continue.*
 - If no, has a Final Statement of Compensation (WCB-11) been filed? ☐ ☐
***Finals must be filed when no further payments of any type are anticipated. The amount of Weekly Compensation listed in Box 20 must equal the total of the Amounts Paid reported on all Discontinuances (WCB-4, WCB-4A and/or WCB-8 forms) previously filed.*

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FYI:

- Wage Schedules & Dependency Forms (WCB-2, WCB-2A) must be completed in all cases where lost time exceeds 7 days (waiting period).
- Completed Wage Schedules (WCB-2) and Dependency Forms must be submitted to the WCB within 30 days of the employer's knowledge of any claim for compensation, and are required even in cases where the disability is being controverted.
- Dependency Forms (WCB-2A) should be completed by the claimant, but can be completed and signed by the adjuster if the claimant fails to complete the form.
- Did you know that employees who file *Married Joint* get to include their spouse as a dependent?
Example: Married filing Jointly with no dependents is entitled to benefits based on one dependent.

Questions or comments in reference to this self- audit can be directed to:

Audit Manager

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